GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

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ENGIE

Gas Safe Register 57456

Enter Company Registration Number

Engineer [redacted]

Gas Safe [redacted]

Engie Office Address
UOS Accommodation
Coxlease Depot
Sweepers
GU9 3BA

Contract Number UOS
Customer Name ENGIE
Site Address Coxlease Close
Rowan EF
Postcode S102LL
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	Rowan EF	Boiler	Baxi Duna Quin A0115	13233073466 10	-	OF
2	YES	SERVICE		Boiler	Baxi Duna Quin A0115	15126114372 30	-	OF
3	/	/		/	/	/	/	/
4	/	/		/	/	/	/	/

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	NA	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	YES	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fail to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation			
Low level free area cm² ~~or ventilation flow rate m³/hr~~	Actual 1049	Required (Calculated) 1368	
High level free area cm² ~~or ventilation flow rate m³/hr~~	Actual 1944	Required (Calculated) 684	
All ventilation grills clear and unobstructed (Yes/No) YES	Fans and/or flue interlocks operating correctly (Yes/No/NA) NA		

Details of any faults	Remedial Action Taken	Comments and calculations
/	/	/

Appliance Checks	~~App 1 or~~ App 1 High	App 2 or App 1 Low	App 3 or App 2 High	~~App 4 or~~ App 2 Low
Flue flow test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Air/Gas switch operating correctly (Yes/No/NA)	NA	NA	NA	NA
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES
Burner lock out time (seconds)	72	72	84	84
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES	YES
Heat net input rating data (kW)	114	NA	114	NA

	~~App 1 or~~ App 1 High	App 2 or App 1 Low	App 3 or App 2 High	~~App 4 or~~ App 2 Low
Gas burner pressure (mbar) or heat input kW/h required	114	NA	114	NA
Gas burner pressure (mbar) or heat input kW/h measured	118.1	26.9	25.1	118.1
Gas rating measured (kW/h / NA)	118.1	26.9	25.1	118.1
Air/gas ratio control setting (% NA)	NA	NA	NA	NA
Net flue gas temperature (gross less ambient) (°C)	58	53	58	48
Oxygen (O_2 %)	4.8	4.6	4.8	6.0
Carbon Monoxide (CO)(ppm)	72	16	82	16

	~~App 1 or~~ App 1 High	App 2 or App 1 Low	App 3 or App 2 High	~~App 4 or~~ App 2 Low
Carbon Dioxide (CO_2) (%)	9.1	9.3	9.2	8.5
Excess Air (%)	30.1	29.9	29.9	40.5
CO/CO_2 Ratio	.0005	.0002	.0009	.0002
Gross Efficiency (%)	98.3	98.6	98.5	98.8
CO flue dilution (ppm)	NA	NA	NA	NA
Standing pressure (mbar)	21.8	21.8	21.0	21.8
Working pressure (mbar)	17.9	21.0	17.9	21.0
Is appliance safe for use (Yes/No)	YES	YES	YES	YES
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO		NO	
Test Instrument	ATW SPM7 U300			
Test Instrument serial number	U300 JQE5390			

Worksheet No (if used)	262788463
Checked by (office use)	
Entered on database	YES

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and use) regulations, standards and procedures.

Date	11/8/20
Signature	[redacted]

stomer, Yellow - Service Centre, Pink - Site, Green - Engineer